
EXHIBIT A

EXHIBIT #ATABLE OF GRIEVANCE LOG#
EXHAUSTION OF ADMINISTRATIVE REMEDIES

DATE	TYPE OF DOCUMENT	DATE	ACTION TAKEN
MAY. 31. 22	Inmate Request For Failure To Protect FINAL Report Recommendation	June 1. 22	Denied Classification MR. Mercer
June. 2. 22	Failure To Protect Final Report Recommendation		Denied J. Smith
June. 14. 22	Informal Grievance LOG# 102-2206-0041	June. 3. 22	
July. 5 th . 2022	Formal Grievance LOG# 2206-102-115 Failure To Protect FINAL Report Recommendation INSPECTOR General	July. 1. 22	Denied MARYe JOHNSON WARDEN
	SECRETARY FLORIDA D.O.C Grievance LOG# 22-6-20449 Failure To Protect FINAL Report Recommendation INSPECTOR General	July. 14. 22	Denied SECRETARY Representative (FL) D.O.C C. NEEL

MAILED/FILED
WITH AGENCY CLERK

JUL 15 2022

Department of Corrections
Bureau of Inmate Grievance Appeals

GOMEZ, MAXIMO

NAME

M11644

NUMBER

PART B - RESPONSE

22-6-20449

GRIEVANCE LOG
NUMBER

R.M.C.- MAIN UNIT

CURRENT INMATE LOCATION

K2101L

HOUSING LOCATION

Your administrative appeal has been reviewed and evaluated. The response that you received at the institutional level has been reviewed and is found to appropriately address the concerns that you raised at the institutional level as well as the Central Office level.

Your administrative appeal is denied.

C. NEEL

SIGNATURE AND TYPED OR PRINTED NAME OF
EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST.
WARDEN, OR SECRETARY'S
REPRESENTATIVE

DATE

FLORIDA DEPARTMENT OF CORRECTIONS
REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED

JUL 11 2022

Department of Corrections
Inmate Grievance☐ Third Party Grievance Alleging Sexual AbuseTO: ☐ Warden ☐ Assistant Warden ☒ Secretary, Florida Department of Corrections

From or IF Alleging Sexual Abuse, on the behalf of:

Gomez MAXIMO

M11644

A.C.I EAST unit

Last First Middle Initial

DC Number

Institution

Part A - Inmate Grievance

22-6-20449

8th Amendment Violation

FAILURE TO PROTECT FROM ASSAULT

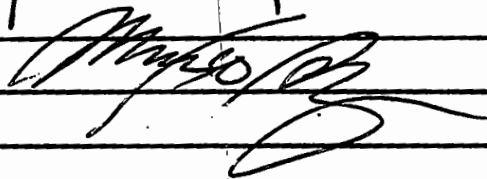
ON 8/28/2020 I WAS STABBED AT MARTIN.C.I BY
 INMATE GARY DOUGLAS DUE TO A HIT HE TOOK ME
 THAT WAS PAID BY KOLAYTON WERE CAPT. VERNON FAILED
 TO PROTECT ME.

I AM ENTITLED TO COPIES PER CHAPTER 33 OF THE
 FINAL REPORT AND RECOMMENDATION OF THE
 INSPECTOR GENERAL INVESTIGATION FOR THE ASSAULT
 THAT TOOK PLACE ON 8/28/2020. SO I CAN PROCEED
 TO THE COURTS. I NEED TO KNOW WHO WAS
 INTERVIEWED OF INVOLVED PERSONS AND WITNESSES
 FROM THESE REPORTS.

• Relief Sought.

I AM GRIEVING THAT I MAY RECEIVE COPIES
 OF THESE DOCUMENTS SO I CAN MOVE
 FORWARD WITH THIS CASE.

• Respectfully Submitted.



7/5/22

DATE

 M11644
 SIGNATURE OF GRIEVANT AND D.C. #

BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS:

 M11644
 Signature
INSTRUCTIONS

This form is used for filing a formal grievance at the institution or facility level as well as for filing appeals to the Office of the Secretary in accordance with Rule 33-103.006, Florida Administrative Code. When an appeal is made to the Secretary, a copy of the initial response to the grievance must be attached (except as stated below).

When the inmate feels that he may be adversely affected by the submission of a grievance at the institutional level because of the nature of the grievance, or is entitled by Chapter 33-103 to file a direct grievance he may address his grievance directly to the Secretary's Office. The grievance may be sealed in the envelope by the inmate and passed postage free through routine institutional channels. The inmate must indicate a valid reason for not initially bringing his grievance to the attention of the institution. If the inmate does not provide a valid reason or if the Secretary or his designee determines that the grievance will be returned to the institution.


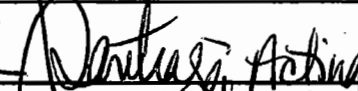
PART B - RESPONSE

GOMEZ, MAXIMO	M11644	2206-102-115	APALACHEE EAST UNIT	Y3118U
NAME	NUMBER	FORMAL GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Your Request for Administrative Remedy or Appeal has been reviewed, evaluated, and responded to as follows: the response provided to you on the attached informal grievance appropriately addressed your complaint in that informal grievance.

Grievance Denied

Should you feel your grievance has not been satisfactorily resolved at the institutional level, you may submit an appeal to the Office of the Secretary, Bureau of Inmate Grievances, 501 South Calhoun St., Tallahassee, Florida 32399-2500 within 15 calendar days of this institutional response using the Request for Administrative Remedy or Appeal Form.

 MAXIMO GOMEZ	 Warden, Asst. Warden, or Secretary's Representative	7/1/22
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	DATE

**FLORIDA DEPARTMENT OF CORRECTIONS
REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL**

☐ Third Party Grievance Alleging Sexual Abuse

2206.102.115

TO: ☒ Warden ☐ Assistant Warden ☐ Secretary, Florida Department of Corrections

From or IF Alleging Sexual Abuse, on the behalf of:

GOMEZ MAXIMO
Last First Middle Initial

M11644
DC Number

A.C.I. EAST UNIT
Institution

Part A - Inmate Grievance

ADMINISTRATIVE REVIEW REQUIRED.

IN REGARDS TO INFORMAL GRIEVANCE LOG# 102-2206-0041 (ATTACHED) THE INFORMATION IS NOT IN YOUR FILE AND ONLY PROVIDED BY THE INSPECTOR GENERAL OFFICE. THIS RESPONSE CANNOT BE EVALUATED.

I AM ENTITLED TO THESE COPIES PER CHAPTER 33.

THE REPORT AND FINAL RECOMMENDATION OF THE INSPECTOR GENERAL INVESTIGATION WHEN I WAS STABBED AT MARTIN C.O.I BY INMATE GARY DOUGLAS DUE TO A HIT HE TOOK ON ME THAT WAS PAID BY K. LAYTON, ON 8/28/2020.

I NEED TO KNOW WHO WAS INTERVIEWED OF INVOLVED PERSONS AND WITNESSES FROM THESE REPORTS.

I AM RELIEF SOUGHT.

I AM GRIEVANING THAT I MAY RECEIVE COPIES OF THESE REPORTS, DOCUMENTS.

Thank you

FORMAL

JUN 14 2022

Apalachee C.I. Warden's office

6/14/22
DATE

M11644
SIGNATURE OF GRIEVANT AND D.C. #

***BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS:**

INSTRUCTIONS

This form is used for filing a formal grievance at the institution or facility level as well as for filing appeals to the Office of the Secretary in accordance with Rule 33-103.005, Florida Administrative Code. When an appeal is made to the Secretary, a copy of the initial response to the grievance must be attached (except as stated below).

When the inmate feels that he may be adversely affected by the submission of a grievance at the institutional level because of the nature of the grievance, or is entitled by Chapter 33-103 to file a direct grievance he may address his grievance directly to the Secretary's Office. The grievance may be sealed in the envelope by the inmate and processed postage free through routine institutional channels. The inmate must indicate a valid reason for not initially bringing his grievance to the attention of the institution. If the inmate does not provide a valid reason or if the Secretary or his designated representative determines that the grievance will be returned to the inmate.

INFORMAL GRIEVANCE

INMATE REQUEST

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Mail Number: _____

Team Number: _____

Institution: A.C.I

INFORMAL GRIEVANCE

TO:
(Check One)☐ Warden
☒ Asst. Warden☐ Classification
☐ Security☐ Medical
☐ Mental Health☐ Dental
☐ Other _____

FROM:

Inmate Name

Gomez MAXIMO

DC Number

M11644

Quarters

Y3-106

Job Assignment

CONF

Date

6/2/22

REQUEST

Check here if this is an informal grievance ☒

I Filed A Request To Classification (Attached) Asking For A Copy Of The Report And Final Recommendation Of The Inspector General Investigation When I WAS STABBED AT MARTIN.C.I ON 8/28/2020. AND WAS DENIED. I AM ENTITLED TO THESE COPIES PER CHAPTER 33. I NEED TO KNOW WHO WAS INTERVIEWED OF INVOLVED PERSONS AND WITNESSES FROM THESE REPORTS. Relief Sought. I AM GRIEVING THAT I MAY RECEIVE THE DOCUMENTS. Respectfully Submitted.

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

Inmate (Signature):

DC#:

M11644

INFORMAL

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED:

JUN 03 2022

RESPONSE

102 2206-0041

13A

you will have to complete a public record request or send a letter directly to the Inspector General's Office as that information is not in your file and only provided by the I.C.

[The following pertains to informal grievances only:]

Based on the above information, your grievance is Denied. (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Print Name):

J Smith, Esq

Official (Signature):

J Smith, Esq

Date: 06/13/22

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff. Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

DEPARTMENT OF CORRECTIONS

Mail Number: _____

Team Number: _____

Institution: _____

INMATE REQUEST

TO:
Check One)☐ Warden
☐ Asst. Warden☒ Classification
☐ Security☐ Medical
☐ Mental Health☐ Dental
☐ Other

MR. MERCER

FROM:	Inmate Name GOMEZ MAXIMO	DC Number M11644	Quarters Y3-106	Job Assignment CONF	Date 5/31/22
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REQUEST

Check here if this is an informal grievance ☐

MR. MERCER, SIR Goodmorning The Reason For This Request (I) will like TO have A COPY OF The Report And Final Recommendation OF The Inspector General Investigation, When I WAS STABBED AT MARTIN.C.I ON 8/28/2020. IT Should be IN My Classification Records, I had A Copy BUT Columbia.C.I Officials Lost IT. ALSO CAN you Please Provide me WITH Central Office Grievance LOG# THAT WAS FILED SEPT OR OCT OF 2020, Which WAS Dealing WITH The STABBING AT MARTIN.C.I ON 8/28/2020.

Thank You.

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

Inmate (Signature):

DC#:

M11644

RECEIVE

DO NOT WRITE BELOW THIS LINE

JUN 01 2022

RESPONSE

DATE RECEIVED:

Analaches C.I.

Classification Dept.

The Reports do not go in file. they are keep At the's office. you have to submit Public Records Request for them law library can help you.

(The following pertains to informal grievances only:

Based on the above information, your grievance is _____ (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.)

Official (Print Name):

Official (Signature):

Date:

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

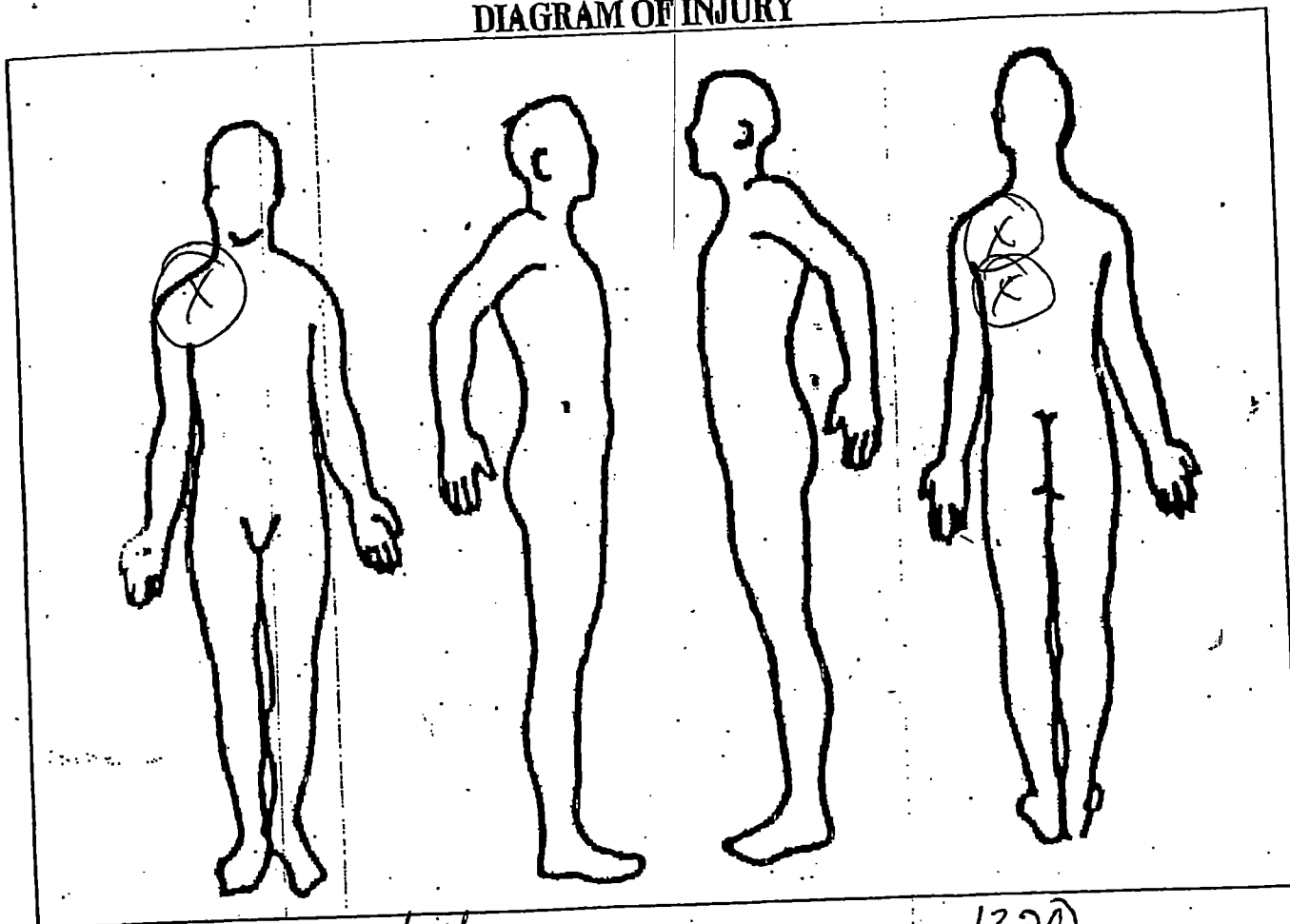
DC6-236 (Effective 11/18)

Incorporated by Reference in Rule 33-103.005, F.A.C.

EXHIBIT BFLORIDA DEPARTMENT OF CORRECTIONS
DIAGRAM OF INJURY Medical Reports
MARTIN CORRECTIONAL INSTITUTION

DATE	TYPE OF DOCUMENT
8/28/2020	Diagram of INJURY
8/28/2020	DOCTOR T. PATTEN LIFE FLIGHTED TO TRAUMA UNIT LAWNWOOD HOSPITAL
8/31/2020	Radiology Request Form Multiple STAB WOUNDS
Sept. 2020	S. BROOKS LPN NURSE S. TAEGER LPN NURSE WOUND CARE Treatment PLAN.

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
DIAGRAM OF INJURY



Date of occurrence 8/28/20

Time of occurrence 1320

Date injury assessed by medical 8/28/20

Time injury assessed by medical 1325

☐ No injury identified

Description of injury:

Inmate # 2 stab wound to (R) upper chest, (L) upper back
X 2

SRP Steep
inmate # 2

Staff Signature

GOMEZ, MAXIMO

Inmate Name

DC# M11644

DC#

DOB: 09/05/1979

Date of Birth

W/M

Institution

This form is not to be amended, revised, or altered without approval by the Director of Health Services- Administration.

Copies distribution: White/Health Record Canary/Inspector General Pink/Warden or Asst. Warden

DC4-708 (Revised 10/07)

**FLORIDA DEPARTMENT OF CORRECTIONS
CLINICIAN'S ORDER SHEET**

USE BALL POINT PEN ONLY-PRESS FIRMLY-NO MORE THAN ONE ORDER PER LINE

Institution: <u>Martin CI</u>		Date:	Time:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Inmate Name: <u>Gomez, Meximo</u>
STAT	Initial Each Order as Transcribed	List Allergies Here <u>NKDA</u>			DC#: <u>M11644</u>
					Dorm: _____
					Diagnosis: _____
Date/Time Noted: _____	Nurse Signature/Stamp		Clinician Signature/Stamp		Date/Time: _____

DC4-714B (Revised 11/7/17)

Distribution: White Original—Pharmacy Canary—Medical Record

This form is not to be amended, revised, or altered without approval of the Chief of Health Services Administration.

**FLORIDA DEPARTMENT OF CORRECTIONS
CLINICIAN'S ORDER SHEET**

USE BALL POINT PEN ONLY-PRESS FIRMLY-NO MORE THAN ONE ORDER PER LINE

Institution: <u>Martin CI</u>		Date:	Time:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Inmate Name: <u>Gomez, Meximo</u>
STAT	Initial Each Order as Transcribed	List Allergies Here <u>NKDA</u>			DC#: <u>M11644</u>
					Dorm: _____
					Diagnosis: _____
Date/Time Noted: _____	Nurse Signature/Stamp		Clinician Signature/Stamp		Date/Time: _____

DC4-714B (Revised 11/7/17)

Distribution: White Original—Pharmacy Canary—Medical Record

This form is not to be amended, revised, or altered without approval of the Chief of Health Services Administration.

CLINICIAN'S ORDER SHEET

USE BALL POINT PEN ONLY-PRESS FIRMLY-NO MORE THAN ONE ORDER PER LINE

Institution: <u>Martin CI</u>		Date: <u>8/28/20</u>	Time: <u>134</u>	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Inmate Name: <u>Gomez, Meximo</u>
STAT	Initial Each Order as Transcribed	List Allergies Here <u>NKDA</u>			DC#: <u>M11644</u>
					Dorm: _____
					Diagnosis: <u>multiple stab wounds</u>
<u>Transfer via EMS to Hospital /</u> <u>IVF NS 0.9% bolus / 2 liters</u> <u>2 times - done</u>					
Date/Time Noted: <u>1325</u>	Nurse Signature/Stamp		Clinician Signature/Stamp		Date/Time: <u>8/28/20</u>

DC4-714B (Revised 11/7/17)

Distribution: White Original—Pharmacy Canary—Medical Record

**Florida Department of Corrections
Radiology Request Form**

Radiology

PLEASE WRITE LEGIBLY

In the best interest of the patient and referring physician, this examination will not be performed if pertinent clinical information and tentative clinical diagnosis are not provided below: ☐ Diabetic

List allergies:

Multiple stab wounds (chest & BACK)

☐ Ambulatory ☐ Portable ☐ Stretcher ☐ Wheelchair

Physician Name (Print) and Name Stamp: **DR. Y. RESTALD**
Y. Restald
CHIEF HEALTH OFFICER
MARTIN C.I.

Date of Request:

8/31/20

X-RAYS		MRI SCANS	ULTRASOUNDS
<input type="checkbox"/> Ankle R <input type="checkbox"/> L	<input type="checkbox"/> Shoulder R <input type="checkbox"/> L	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Abdomen complete
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Sinuses	<input type="checkbox"/> Head/Brain Stem	<input type="checkbox"/> Breast
<input type="checkbox"/> C. Spine, complete	<input type="checkbox"/> Skull	<input type="checkbox"/> Hip R <input type="checkbox"/> L	<input type="checkbox"/> Gallbladder
<input checked="" type="checkbox"/> Chest	<input type="checkbox"/> Sternum	<input type="checkbox"/> Lower Ext, any joint R <input type="checkbox"/> L	<input type="checkbox"/> Inguinal Area
<input checked="" type="checkbox"/> Chest, PA and LAT	<input type="checkbox"/> T. M. Joints	<input type="checkbox"/> Lower Ext, no joint R <input type="checkbox"/> L	<input type="checkbox"/> Liver
<input type="checkbox"/> Chest PPD	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Lower Ext. R <input type="checkbox"/> L
<input type="checkbox"/> Clavicle R <input type="checkbox"/> L	<input type="checkbox"/> Tibia & Fibula R <input type="checkbox"/> L	<input type="checkbox"/> Neck	<input type="checkbox"/> Neck/Soft Tissue/Thyroid
<input type="checkbox"/> Coccyx	<input type="checkbox"/> Wrist R <input type="checkbox"/> L	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Paracentesis
<input type="checkbox"/> Cystogram	FLUOROSCOPY	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Elbow R <input type="checkbox"/> L	<input type="checkbox"/> Arthrogram []	<input type="checkbox"/> Upper Ext, any joint R <input type="checkbox"/> L	<input type="checkbox"/> Renal
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Barium Enema	<input type="checkbox"/> Upper Ext, no joint R <input type="checkbox"/> L	<input type="checkbox"/> Scrotum
<input type="checkbox"/> Femur R <input type="checkbox"/> L	<input type="checkbox"/> Cystogram		<input type="checkbox"/> Thoracentesis
<input type="checkbox"/> Fingers R <input type="checkbox"/> L	<input type="checkbox"/> Esophagram		<input type="checkbox"/> Upper Ext. R <input type="checkbox"/> L
<input type="checkbox"/> Foot R <input type="checkbox"/> L	<input type="checkbox"/> I.V. Pyelogram		
<input type="checkbox"/> Forearm R <input type="checkbox"/> L	<input type="checkbox"/> Lumbar Puncture		VASCULAR STUDY
<input type="checkbox"/> Hand R <input type="checkbox"/> L	<input type="checkbox"/> Myelogram []		<input type="checkbox"/> Abdominal Aorta
<input type="checkbox"/> Hip R <input type="checkbox"/> L	<input type="checkbox"/> Venogram R <input type="checkbox"/> L	NUCLEAR MEDICINE	<input type="checkbox"/> Abdominal Aorta with doppler
<input type="checkbox"/> Humerus R <input type="checkbox"/> L	<input type="checkbox"/> U. G. I. Series	<input type="checkbox"/> Bone 3 Phase - Infection	<input type="checkbox"/> Arterial Doppler, Lower Ext R <input type="checkbox"/> L
<input type="checkbox"/> Knee R <input type="checkbox"/> L	<input type="checkbox"/> U. G. I. and Small Bowel	<input type="checkbox"/> Bone (Whole Body)	<input type="checkbox"/> Arterial Doppler, Upper Ext R <input type="checkbox"/> L
<input type="checkbox"/> KUB	CAT SCANS	<input type="checkbox"/> Cardiac - MUGA	<input type="checkbox"/> Carotid Duplex
<input type="checkbox"/> KUB and UPT	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Cardiac - Stress	<input type="checkbox"/> Dialysis Graph Duplex R <input type="checkbox"/> L
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Ceretec - Infection (labeled WBC)	<input type="checkbox"/> Vein Mapping for Dialysis R <input type="checkbox"/> L
<input type="checkbox"/> L Spine, complete	<input type="checkbox"/> Chest	<input type="checkbox"/> Gallbladder (CCK)	<input type="checkbox"/> Venous Duplex Lower Ext R <input type="checkbox"/> L
<input type="checkbox"/> Mandible	<input type="checkbox"/> Facial/TMJ	<input type="checkbox"/> Gallbladder (HIDA)	<input type="checkbox"/> Venous Duplex Upper Ext R <input type="checkbox"/> L
<input type="checkbox"/> Nasal Bones	<input type="checkbox"/> Head	<input type="checkbox"/> Gallium	
<input type="checkbox"/> Orbits	<input type="checkbox"/> Lower Ext. R <input type="checkbox"/> L	<input type="checkbox"/> Liver/Spleen	Exams not mentioned above:
<input type="checkbox"/> Os Calcis R <input type="checkbox"/> L	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Pulmonary V/Q	
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Orbit	<input type="checkbox"/> Renal	
<input type="checkbox"/> Ribs R <input type="checkbox"/> L	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Thyroid and Uptake	
<input type="checkbox"/> Sacrum	<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Thyroid - Parathyroid	
<input type="checkbox"/> Scapula	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Gallbladder (CCK)	
<input type="checkbox"/> Scoliosis Series	<input type="checkbox"/> Upper Ext. R <input type="checkbox"/> L		

Date Performed: _____

Time Performed: _____

Where Performed: _____

Technologist Name/stamp: *B. [Signature]*

Is permanent camp a private institution? No ☐ Yes ☐

Clinic/hospital room number _____

INMATE NAME: *Gomez MAXIMO*
DC#: *1116* Race/Sex: _____
DATE OF BIRTH: *9/5/79*
INSTITUTION: *Martin, C.I.*

2435

STATE OF FLORIDA - DEPARTMENT OF CORRECTIONS
MEDICATION AND TREATMENT RECORD (MAR)

Alpha

List Drug Allergies:

NKDA

Codes: 1 = Refused

4 = Medication Out of Stock

2 = Security Lockdown

5 = Awaiting Arrival from

3 = Medication Held

Pharmacy

Month/Year: 9/2020

Time	Medication/TX	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0600	Bactrim DS 7 TAB PO BID X 7 DAYS	2	3	4	5	6	7																									
1800	Resilard ms	2	3	4	5	6	7																									
2:20	Ibuprofen 400mg PO BID X 7 days																															
6:20	Resilard																															
2:20	Daily wound care: clean with Betadine rinse with sterile saline; apply bacitracin																															
	Leave back wounds uncovered only cover Rt chest wound until staples removed																															

NOTE: This MAR is to be used for PRN meds other than RMC and new orders prior to receipt of Pharmacy generated MARS.

This is a combination treatment/medication MAR.

Inmate Name	Signature/Stamp	Initials	Signature/Stamp	Initials	Signature/Stamp	Initials
Gomez, Maximino	[Signature]	[Initials]				
C# 11169						
Date of Birth 9/5/79						
Institution Miami						
	S. Brooks	SB	S. Taegar			
	LPN		L.P.N			
	Martin CI		Martin C.I.			

* Requires comment on back Page of Martin CI

STATE OF FLORIDA - DEPARTMENT OF CORRECTIONS
MEDICATION AND TREATMENT RECORD (MAR)

List Drug Allergies:

NKDA

Codes: 1 = Refused 4 = Medication Out of Stock
2 = Security Lockdown 5 = Awaiting Arrival from Pharmacy
3 = Medication Held

Month/Year: 9/2020

Effective Dates	Medication/TX	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START	Daily wound	1000																															
8/18/20	Cleanse c																																
	betadine																																
STOP	Cover wounds c																																
9/01/20	band-aids																																
	TRANSCRIBER INT.																																
ART																																	
STOP																																	
	TRANSCRIBER INT.																																
START																																	
STOP																																	
	TRANSCRIBER INT.																																
START																																	
STOP																																	
	TRANSCRIBER INT.																																

NOTE: This MAR is to be used for PRN meds other than RMC and new orders prior to receipt of Pharmacy generated MARS.
This is a combination treatment/medication MAR.Inmate Name: Gomez Maximo
DC #: 11164 R/S Wm
Date of Birth: 9-5-79
Institution: Martin CI

Signature/Stamp	Initials	Signature/Stamp	Initials	Signature/Stamp	Initials
<i>[Signature]</i>	<i>[Initials]</i>				
<i>[Signature]</i>	<i>[Initials]</i>				
<i>[Signature]</i>	<i>[Initials]</i>				
<i>[Signature]</i>	<i>[Initials]</i>				
<i>[Signature]</i>	<i>[Initials]</i>				

* Requires comment on back Page

E. McClendon-Grayson
LPN
Martin CI

STATE OF FLORIDA - DEPARTMENT OF CORRECTIONS
MEDICATION AND TREATMENT RECORD (MAR)

List Drug Allergies:

NKA

Codes: 1 = Refused

2 = Security Lockdown

3 = Medication Held

4 = Medication Out of Stock

5 = Awaiting Arrival from

Pharmacy

6 = Other

Month/Year: August 2020

Time	Medication/TX	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1200	Tylenol 325mg tabs (#2) every 4 hours for moderate or pain PRN																															
1200	Maclof 30 cc am for indigestion PRN																															
1200	MOM 30 cc every 120 for constipation PRN																															
1200	Rocephine 1gram IM Now																															

NOTE: This MAR is to be used for PRN meds other than RMC and new orders prior to receipt of Pharmacy generated MARS.

This is a combination treatment/medication MAR.

Patient Name: <u>Gomez, MAXIMO</u> ID #: <u>00111049</u> Date of Birth: <u>4-5-79</u> Institution: <u>MULTI</u>	Signature/Stamp: <u>P. Clinton RU</u> Initials: <u>PC</u> P. Clinton, RN Multi-CI	Signature/Stamp: <u>SA [Signature]</u> Initials: <u>SA</u> [Signature] Mutter
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* Requires comment on back Page _____ of _____

STATE OF FLORIDA - DEPARTMENT OF CORRECTIONS
MEDICATION AND TREATMENT RECORD (MAR)

List Drug Allergies:

WCPD

Codes: 1 = Refused

4 = Medication Out of Stock

2 = Security Lockdown

5 = Awaiting Arrival from

3 = Medication Held

Pharmacy

Month/Year:

08/20

Effective Dates	Medication/TX	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 8/21/20	Bactrim DS + PO BID X 7 days TRANSCRIBER INT. SU	0600																																
STOP 9/1/20		1800																																
START																																		
STOP																																		
START																																		
STOP																																		
START																																		
STOP																																		
START																																		
STOP																																		

NOTE: This MAR is to be used for PRN meds other than RMC and new orders prior to receipt of Pharmacy generated MARS.

This is a combination treatment/medication MAR.

Inmate Name: <u>Gomez, Maximo</u> DC #: <u>111111</u> R/S: <u>PM</u> Date of Birth: <u>9-5-79</u> Institution: <u>Meritt CZ</u>	Signature/Stamp	Initials	Signature/Stamp	Initials	Signature/Stamp	Initials
	<u>[Signature]</u>	<u>SL</u>				

* Requires comment on back Page _____ of _____

STATE OF FLORIDA - DEPARTMENT OF CORRECTIONS
MEDICATION AND TREATMENT RECORD (MAR)

List Drug Allergies:

NKDA

Codes: 1 = Refused

2 = Security Lockdown

3 = Medication Held

4 = Medication Out of Stock

5 = Awaiting Arrival from

Pharmacy

6 = Other

Month/Year: September 2020

Medication/TX	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 325mg Tab (#2) every 4 hours for pain																																
TRANScriber INT.																																
Maalox 30cc AM for indigestion PRN	0600																															
TRANScriber INT.																																
MDM 30cc Every 12 for Constipation PRN																																
TRANScriber INT.																																
Rocephine 1gm IM NOW																																
TRANScriber INT.																																

NOTE: This MAR is to be used for PRN meds other than RMC and new orders prior to receipt of Pharmacy generated MARS.

This is a combination treatment/medication MAR.

Patient Name: <u>Gomez Maximino</u> # <u>111644</u> R/S # Date of Birth: _____ Institution: _____	Signature/Stamp	Initials	Signature/Stamp	Initials	Signature/Stamp	Initials
	<u>W. Hummer</u>	<u>WA</u>				

* Requires comment on back Page _____ of _____

TridentCare IMAGINGSM

SOUTH EAST REGION
4400 140TH AVE
CLEARWATER, FL 33760
(800) 940-0389

9936-MARTIN CI
1150 SW ALLPATTAH ROAD
INDIANTOWN, FL 349564310

Claim Number : 33234354
Date of Service : 09/02/2020
Patient Name : GOMEZ, MAXIMO

MRN M11644
DOB : 09/05/1979 Gender M
Room::

Ordering Provider: YVES RESILARD, MD - (NPI: 1902849060)
Interpreting Physician: STEVEN KALCHMAN, MD - (NPI: 1255335865)
Report Date: 9/2/2020 2:43:16 PM

RADIOLOGY REPORT

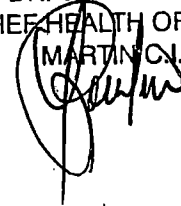
XRAY CHEST 2 VIEW

Results: The heart is normal in size and shape. The lungs are free of infiltrate or effusion. No significant bony abnormalities are identified.

Conclusion: No active disease.

Electronically signed by STEVEN KALCHMAN, M.D. 9/2/2020 2:43:16 PM EDT.

DR. Y. RESILARD
CHIEF HEALTH OFFICER
MARTIN CI.



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If you have questions regarding these results or would like to consult with a Rely Radiologist please call 972-468-3590